



UNITED STATES ARMY HUMAN RESOURCES COMMAND

Record of Emergency Data (DD Form 93, JAN 2008)

December 2008

Purpose of DD Form 93

- For the Soldier to identify:
 - Primary and Secondary Next of Kin (PNOK, SNOK)
- Beneficiary(ies) of:
 - Death Gratuity (\$100K)
 - Unpaid Pay and Allowances
- Designates Person Authorized to Direct Disposition (PADD)

The only authorized version of the DD Form 93 is the one dated JAN 2008

Updating the DD Form 93

- Active Duty Soldiers are responsible for reviewing and updating the Record of Emergency Data:
 - During out-processing for permanent change of station (PCS) and pre-separation processing
 - Upon arrival at new duty station
 - During any record audit
 - In conjunction with Soldiers Readiness Program (SRP)
 - Upon any change in Family member status (e.g., marriage, divorce, birth of child, death)

Updating the DD Form 93 (Con't)

- Reserve Component (USAR and ARNG)
Soldiers will review the form:
 - During in-processing to new troop program unit (TPU)
 - In conjunction with a nationwide deployment or MOB readiness exercise
 - Annually, in their birth month

SECTION 1

Emergency Contact Information

Soldier's Personal Information

1. NAME <i>(Last, First, Middle Initial)</i>	2. SSN
3a. SERVICE/CIVILIAN CATEGORY	
<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR	
b. REPORTING UNIT CODE/DUTY STATION	

- **Blocks 1-3b.** Service Member Information

Soldier's Next of Kin Information

4a. SPOUSE NAME <i>(If applicable) (Last, First, Middle Initial)</i>	b. ADDRESS <i>(Include ZIP Code)</i> AND TELEPHONE NUMBER
<input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	

- **Blocks 4a-b.** Spouse's Name, Address and Telephone Number

5. CHILDREN a. NAME <i>(Last, First, Middle Initial)</i>	b. RELATIONSHIP	c. DATE OF BIRTH <i>(YYYYMMDD)</i>	d. ADDRESS <i>(Include ZIP Code)</i> AND TELEPHONE NUMBER

- **Blocks 5a-d.** Child's Name, Relationship, Date of Birth, Address

Soldier's Parent(s) Information

6a. FATHER NAME *(Last, First, Middle Initial)*

b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER

- **Blocks 6a-b.** Father's Name, Address and Telephone Number

7a. MOTHER NAME *(Last, First, Middle Initial)*

b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER

- **Blocks 7a-b.** Mother's Name, Address and Telephone Number

Not To Be Notified

8a. DO NOT NOTIFY DUE TO ILL HEALTH

b. NOTIFY INSTEAD

- **Block 8a.** Do Not Notify Due To Ill Health
 - List relationship (e.g., “Mother”)
- **Block 8b.** Notify Instead
 - List relationship (e.g., “Father”)

Others To Be Notified—Missing Status Only

9a. DESIGNATED PERSON(S) *(Military only)*

b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER

- **Blocks 9a-b.** Designated Person(s), Address and Telephone Number

SECTION 2

Benefits Related Information

Beneficiary(ies) for Death Gratuity

SECTION 2 - BENEFITS RELATED INFORMATION

11a. BENEFICIARY(IES) FOR DEATH GRATUITY <i>(Military only)</i>	b. RELATIONSHIP	c. ADDRESS <i>(Include ZIP Code)</i> AND TELEPHONE NUMBER	d. PERCENTAGE
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● **Blocks 11a-d. Beneficiary(ies) for Death Gratuity**

- \$100,000 is paid to the eligible survivors of:
 - Deceased Active Duty Soldiers
 - Soldiers who die within 120 days of separation or retirement from active duty if the death is a result of a service connected injury or illness
- Soldiers may designate up to ten persons to receive death gratuity in 10% increments
- Army must notify spouse in writing when not in receipt of 100% of Death Gratuity

Beneficiary(ies) for Death Gratuity (Con't)

- If no designation is made, order of precedence for payment is as follows:
 - Lawful spouse
 - Children
 - Parents(s)
 - Executor or Administrator of the estate, for distribution to the estate
 - To other next of kin of the person entitled under the laws of domicile of the person at the time of the person's death

Beneficiary(ies) for Unpaid Pay/Allowances

12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES <i>(Military only) NAME AND RELATIONSHIP</i>	b. ADDRESS <i>(Include ZIP Code) AND TELEPHONE NUMBER</i>	c. PERCENTAGE

● **Blocks 12a-b.** Beneficiary(ies) for Unpaid Pay/Allowances

- Soldier identifies person to receive unpaid pay and allowances at the time of death
- Soldier may indicate anyone to receive this payment
- If the Soldier designates two or more beneficiaries, state the percentage to be paid each in item 10c

Beneficiary(ies) for Unpaid Pay/Allowances (Con't)

- If the Soldier does not wish to designate a beneficiary, enter “By Law”
- If no election is made, order of precedence is as follows:
 - Surviving spouse
 - Children and their descendants, by representation.
 - Father and mother in equal parts or, if either is dead, the survivor
 - Legal representative
 - Person entitled under the law of the domicile of the deceased Soldier

Person Authorized to Direct Disposition (PADD)

13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) <i>(Military only)</i> NAME AND RELATIONSHIP	b. ADDRESS <i>(Include ZIP Code)</i> AND TELEPHONE NUMBER
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- **Blocks 13a-b.** Person Authorized to Direct Disposition (PADD)
 - PADD is the person authorized to make funeral/memorial arrangements
 - By law, the PADD must be either the spouse, a blood relative, or an adoptive relative; if none of the above exist, the Soldier can then name a person serving in loco parentis
 - Counseling is required when a Soldier makes a valid, but unusual, PADD designation

Person Authorized to Direct Disposition (PADD) (Cont'd)

- If no election is made, order of precedence is as follows:
 - Spouse
 - Eldest Child over 18
 - Eldest/custodial parent
 - Eldest sibling
 - Eldest grandparent
 - Other blood relatives in order of seniority
 - Remarried surviving spouse
 - Other interested persons
 - Secretary of the Army

Continuation/Remarks

14. CONTINUATION/REMARKS

Block 14. Continuation/Remarks

- Use this block for continuation of items
 - Prefix entry with the number of the item being continued
(e.g. 5/John J./son/19851220/321 Pecan Drive, Schertz TX 78151)
- Include additional information in this block such as:
 - Other persons to be notified
 - Name other dependents
 - NOK language barriers
 - Locations or existence of wills and private insurance
 - Directions to residence
 - Desired non-medical attendant and geographic preference for medical care
- If additional space is required, attach a supplemental sheet of standard bond paper with information

Signature of Service Member and Witness

15. SIGNATURE OF SERVICE MEMBER/CIVILIAN <i>(Include rank, rate, or grade if applicable)</i>	16. SIGNATURE OF WITNESS <i>(Include rank, rate, or grade as appropriate)</i>	17. DATE SIGNED <i>(YYYYMMDD)</i>
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- **Block 15.** Signature of Service Member
- **Block 16.** Signature of Witness
- **Block 17.** Date Signed